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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/865,546 |
| | | Filing Date | May 29, 2001 |
| | | First Named Inventor | Taiji NODA |
| | | Group Art Unit | 2829 |
| | | Examiner Name | Asok K. SARKAR |
| Total Number of Pages in This Submission | 15 | Attorney Docket Number | 740819-560 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>PCE Transmittal</u> |
| <p style="text-align: center;">FAX RECEIVED MAY 27 2003 TECHNOLOGY CENTER 2800</p> | | |
| Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740819-560) for the above identified docket number. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|---|---|
| Firm or Individual name Donald R. Studebaker, Reg. No. 32.815 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102 | |
| Signature |  |
| Date | May 27, 2003 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
|---|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop <u>Non-fee Amendment</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at (703) 872-9319, on May 27, 2003. | |
| Signature: |  |
| Name: | April Campbell |